

Foster Family Home - Corrective Action Report

Provider ID: 1-180008

Home Name: Miriam Viernes, RN

Review ID: 1-180008-1

94-104 Haaa Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/11/2018

End Date: 4/12/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) The NEW Home visit for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 4/25/2018.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

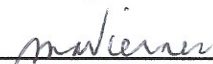
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) Last fingerprinting was done 2/2/17; previous or current 2nd fingerprinting not present in the home for CG#2.

7.1.(a)(2) Lapse on Adult Protective Services/Child Abuse Neglect (APS//CAN) due on/before 7/8/17 was done on 12/7/17 for CG#3.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MIRIAM A. VIERNES

CCFFH Address: 94-104 HAAA ST. WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.191)	Second fingerprinting done. It was placed into home record for CG #2	4/12/18	Home understands the background check requirements. Second fingerprinting placed into home record & it will not be removed.
7.192)	Lapse cannot be corrected	4-11-18	Home understands the background check requirements. Home will use a calendar placed in the office room. To check every month to prevent from lapse in the future.

Primary Caregiver's Signature: Miriam A. VERNES

Print Name: MIRIAM A. VERNES

Date of Signature: 4/12/18